

**IDAHO ELECTRONIC PAYMENT SYSTEM (IEPS)  
VENDOR ENROLLMENT FORM TM-21**

Rev. 040698

This form is used for payments processed through the Idaho electronic payment system. Recipients of these payments agree to notify the State Controller's Office of any changes to this information. All information will remain **confidential** and will be used for the sole purpose of processing electronic payments. This form must be accompanied by a completed Form W-9 and a voided check, for checking account deposits, or a bank verification (not a deposit slip), for savings account deposits. Please complete, sign, and mail to the Office of the Idaho State Controller, Attn: EFT Info, P.O. Box 83720, Boise, ID 83720-0011. Thank you.

**PAYEE/COMPANY INFORMATION**

SSN NO. OR TAXPAYER ID #:	NAME:	
ADDRESS FOR REMITTANCE ADVICE:		
CONTACT PERSON NAME:	BUSINESS TYPE – MARK ONE : CORP.   PARTNSHP.   SOLE PROP.   OTHER	TELEPHONE NUMBER:
SIGNATURE OF AUTHORIZED OFFICIAL:	SPONSORING STATE AGENCY, IF ANY:	DATE:

**FINANCIAL INSTITUTION INFORMATION**

NAME:	
ADDRESS:	
ACH COORDINATOR NAME:	TELEPHONE NUMBER:
NINE-DIGIT ROUTING TRANSIT NUMBER: _ _ _   _ _ _   _ _ _   _ _ _	
DEPOSITOR ACCOUNT TITLE:	
DEPOSITOR ACCOUNT NUMBER:	
TYPE OF ACCOUNT: CHECKING                      SAVINGS	

*For State Agency Use Only*

**AGENCY INFORMATION**

VENDOR NUMBER	SUFFIX	VENDOR TYPE	VENDOR STATUS	CHANGE AGENCY	W-9 AGENCY
SORT SEQUENCE		SSN NO. OR TAXPAYER ID NO.			1099 INDICATOR
AUTHORIZED SIGNATURE:				DATE:	

**STATE CONTROLLER'S OFFICE APPROVAL**

AUTHORIZED SIGNATURE:	DATE:
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